

UNITED STATES DISTRICT COURT
SOUTHERN DISTRICT OF NEW YORK

Kanyatta W. Geimes 11G0402

12 CIV. 0209

(In the space above enter the full name(s) of the plaintiff(s).)

v.

COMPLAINT

under the
Civil Rights Act, 42 U.S.C. § 1983

Defendant No. 1

Dana Jordan, C.O. of DOCS
Bedford Hills Correctional Facility

Defendant No. 2

N.Y.S DOCS Medical Dept.
Bedford Hills Correctional Facility

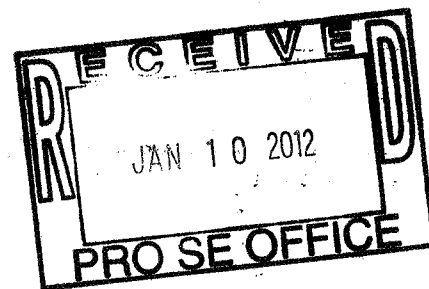
Defendant No. 3

Defendant No. 4

Defendant No. 5

Jury Trial: Yes X No
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. No addresses should be included here.)



I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff

Name

Kanyatta Geimes

ID #

11G0402

Current Institution

Bedford Hill Correctional Facility

Address

244 Harris Road

Bedford Hills, N.Y. 10507

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1

Name Bana Jordan Shield # _____
Where Currently Employed Bedford Correctional Facility
Address _____

Defendant No. 2

Name BHCF Medical Department Shield # _____
Where Currently Employed Bedford Hills Correctional Fac.
Address _____

Defendant No. 3

Name _____ Shield # _____
Where Currently Employed _____
Address _____

Defendant No. 4

Name _____ Shield # _____
Where Currently Employed _____
Address _____

Defendant No. 5

Name _____ Shield # _____
Where Currently Employed _____
Address _____

II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?

Bedford Hills Correctional Facility, Bedford Hills, N.Y.

B. Where in the institution did the events giving rise to your claim(s) occur?

(RMU) third (3rd) floor strip room (O.B) observation

C. What date and approximate time did the events giving rise to your claim(s) occur?

On 11/18/11 at approximately 1:40 p.m.

What happened to you?

Who did what?

Was anyone else involved?

Who else saw what happened?

D. Facts: ^{grabbed} Officer Jordan ^{hands} touched my breast with both hands. I was assaulted by Officer D. Jordan upon my admittance into O.B. in the "strip room." I was pushed from behind into a window and then grabbed behind my back by D. Jordan. My arms were suspended into the air which caused strain to my (R) side extremities. Chest pain and breathing problems. Sexually Assaulted.

Officer Jordan caused me to sustain bruising on (R) upper arm and strained muscles in my (R) shoulder and arm. Medical staff turned a "blind eye" towards my complaint of pain and bruising. Refusing me to do an injury report on 11/18/11

Sgt. Rabbebeau, Officer Simmons (female) Lt. Wheeler (notified by myself while in O.B.)

Nurses who worked the 3-11 Shift on 11/18/11 - 11/21/11.

Officer Simmons (female) was also in the "strip room" when the incident occurred.

III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

Black and Blue bruising on (R) upper arm the size of a grapefruit. Strain and pulled muscles in arm. Limited usage of (R) arm and excessive pain continuously to present time. On 11/24/11 I was given Naproxen (500mg) twice a day with refills for pain. Rimecoh. Omeprazole (20mg) once a day with (6) refills / written medical Restrict propranolol (10mg) twice a day & refills for muscle relaxation^{-ion}

IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act of 1995, 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes ☒ No ☐

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s). Bedford Correctional Facility

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes X No Do Not Know

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes X No Do Not Know

If YES, which claim(s)?

D. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose not cover some of your claim(s)?

Yes X No Do Not Know

If YES, which claim(s)? Medical Neglect

E. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes X No

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes No X

F. If you did file a grievance, about the events described in this complaint, where did you file the grievance? Bedford Correctional Facility

1. Which claim(s) in this complaint did you grieve? Assault on inmate by an officer

2. What was the result, if any? Nothing

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process. I wrote to Dr. McDermott (OMH) I've written to Superintendent Kaplan, Grievance, I.G., and Commissioner Brian Fischer in Albany, N.Y. No response from Grievance still.

G. If you did not file a grievance, did you inform any officials of your claim(s)?

Yes Y No

1. If YES, whom did you inform and when did you inform them? Dr. M. Dermott
head of OMH) Mrs. Warren (Therapist) Dr.
Swartz (Psychologist)

2. If NO, why not? _____

I. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies. was called to speak to Lt. Whelple about

remedies. Was called to speak to Lt. Wheeler about
Grievance and was not asked any details of the
complaint. Have not received a letter from Superintendent
Kaplan about my assaults. No Documentation of incident
on 11/18/11 by Sgt. Rabbideau. Pictures of injury was taken
on 11/21/11 by CO Walker (female) upon my release from O.B.
(comm)

Note: You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

V. Relief:

State what you want the court to do for you.—

State what you want the court to do for you. -

- Suing for Medical Neglect (\$75,000)
- Monetary Damages (\$75,000)
- Monetary value of my injury by prison staff (\$75,000)
- Assault on inmate by Doc official (\$75,000)
- Brutality by prison staff (\$75,000)
- Pain and Suffering (\$75,000)
- Deliberate denial of medical attention (\$75,000)
- Cruel and Unusual Punishment (\$75,000)
- Violation of constitutional rights (\$75,000)
- Sexual assault by officer Jordan toward inmate (\$75,000)
- Equal Protection of Law (14th Amendment) (\$75,000)
- Due Process of Law (\$75,000)

VI. Previous lawsuits:

A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes _____ No ~~X~~

B. If your answer to A is YES, describe each lawsuit in questions 1 through 7 on the next page. (If

there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to this previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (for example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

- D. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes ____ No X

- E. If your answer to D is YES, describe each lawsuit in questions 1 through 7 on the next page. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to this previous lawsuit:

Plaintiff _____

Defendants _____

2. Court (if federal court, name the district; if state court, name the county) _____

3. Docket or Index number _____

4. Name of Judge assigned to your case _____

5. Approximate date of filing lawsuit: _____

6. Is the case still pending? Yes ____ No ____

If NO, give the approximate date of disposition _____

7. What was the result of the case? (for example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) _____

Signed this 4 day of January, 2012 I declare under penalty of perjury that the foregoing is true and correct.

Signature of Plaintiff

Inmate Number

Mailing address

Vanetta W. Himes
11 96 0402
Bedford Hills Corr Fac.
247 Harris Road
Bedford Hills N.Y.
10507

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 4 day of January, 2012, I will deliver this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff:

Vanetta W. Himes

Subscribed and sworn to before me
this 4 day of January, 2012

[Signature]

SARA R. AIRALL
Notary Public, State of New York
No: 01A16707334
Qualified in Bronx County
Commission Expires Aug. 3, 2013